

Introduction

Bodies for Science | Willed Body Program

One of the greatest assets of our nation is the health of its citizens, for which much responsibility is entrusted to our health workers. Each year thousands of young physicians, dentists, nurses and allied health personnel graduate from colleges and universities in our country, providing replacements for their predecessors. The future of our nation depends upon the continued education of these professionals.

Frequently Asked Questions

Why is donation important?

Anatomy has long been termed the foundation of medicine, and is basic to the training of health professionals. Medical students must have the opportunity to dissect the human body. This privilege is provided in the anatomy laboratory where they become familiar with each region and system of the body. In this way they are better able, in the course of their training, to make diagnoses, follow the progress of disease, perform surgery, set fractured bones and care for other injuries.

Graduate physicians, too, must continue to have access to human bodies for research and study in the realm of continuing education. It is in the anatomy laboratory that a surgeon can determine the feasibility of a new surgical procedure. Once this has been determined and technical problems have been resolved, this procedure can be used with greater skill and confidence in the treatment of disease in living persons.

The availability of human bodies for such study is essential.

How can you help?

There is a sincere and growing desire throughout the nation to help the medical profession render the best service possible. Many people are asking "What can I do to further the progress of medical science and thus contribute to the relief of suffering and early death?" Many are finding the answer to this question in the legal provision which is now made by most states for the bequeathing of bodies after death to medical institutions so that they may be used for the training of physicians.

This is a wonderful way to perpetuate service for the future benefit of humanity.

What do the laws dictate?

Organ, tissue and whole-body donation are strictly regulated by state and federal laws. The Uniform Anatomical Gift Act was adopted by all states by 1971 and revised in 2006.

California law reads:

"Every person of sound mind, over the age of 18 years, may dispose of his or her separate property, real and personal, by will. In addition, every such person may by will, dispose of the whole or any part of his or her body to a teaching institution, university, college, State Director of Public Health, or legally licensed hospital, or to, for the use of any nonprofit blood bank, artery bank, eye bank, or other therapeutic service

operated by any agency approved by the Director of Public Health under rules and regulations established by the director, either for use as such institution, university, college, hospital or agency may see fit, or for use as expressly designated therein." (California Probate Code, Section 20)

Who are typical donors?

Anybody can become a part of the Bodies for Science Program at Loma Linda University. Interestingly, the people who are taking advantage of legal provisions set forth as a means of benefiting their fellow man are typically persons of intellectual attainments:

- A young alumnus of the University of California, Los Angeles, who was fatally ill with a heart ailment, bequeathed his body to the School of Medicine at his alma mater.
- A member of a well-known, wealthy family in Los Angeles chose to arrange for his body to be given to the University of Southern California School of Medicine.
- A medical technologist in the prime of her life and in perfect health has bequeathed her body after death to the Loma Linda University School of Medicine.

These are just a few of the many examples of people generously dedicating their bodies to the advancement of medical science and the betterment of humankind.

How do you donate?

A Southern California resident living **within 100 miles of Loma Linda** who is interested in making such a contribution to medical science must read the attached list of conditions and complete the following forms:

- HIPAA Release
- Medical History
- Bequeath Agreement
- Personal Record

The forms must be filled out in their entirety. All of the information therein is required in order to apply to become a donor.

Have more questions?

Please don't hesitate to reach out. You may call (909) 558-4301 or email bodiesforscience@llu.edu.

Next Steps:

Thoroughly read the **Conditions of Acceptance** and keep the first four pages of this packet – please share it with your family and save it for your records. Then, print and complete the **HIPAA Release**, **Medical History**, **Bequeath Agreement** and **Personal Record** forms.

Completed forms should be mailed to:

Bodies for Science Program

Division of Human Anatomy
Loma Linda University
24760 Stewart Street
Loma Linda, CA 92350

When you are accepted as a donor, an acceptance letter and a wallet card will be sent to you.

Conditions of Acceptance

- Loma Linda University is authorized by the State of California to pursue a study of the human body for educational purposes. The Bodies for Science Program is a branch of the Division of Human Anatomy in the School of Medicine at Loma Linda University.
- The University will **NOT** accept the remains of registered donors if the body has been autopsied; if the death is a result of a suicide; if the body has one or more communicable diseases including but not limited to HIV/AIDS, Hepatitis B or C, CJD, or MRSA; or if the body has excessive weight according to weight/ height ratios.
- 3. Donation is for the entire body and is not compatible with organ, tissue or gland donations. The Bodies for Science Program is not associated with organ, tissue or gland banks and is not able to arrange for donation of specific parts of the body. It should be noted that organs from donors over 55 years of age cannot normally be harvested for transplant, except the corneas, which are accepted up to the age of 73.
- 4. No payment can be made by the University at any time in connection with a donation. This policy is in accordance with state laws.
- 5. Applications must be filled out in their entirety. Incomplete applications will be returned. The Bequeath Agreement must be **co-signed by two adult witnesses**, one of which must be a disinterested witness. "Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual.
- 6. There is a charge of \$300.00 for transportation within a 100-mile range of Loma Linda. Loma Linda University will make arrangements for removal and transportation of the body to the University. For distances greater than 100 miles, an extra fee will be charged.
- 7. Donors are strongly encouraged to **prepay** the

- transportation fee to help minimize confusion at the time of death. A check should be made payable to: **Bodies for Science**. For donors that are not prepaid, a family member will be responsible for any outstanding balance. The money will be deposited into a restricted account until the program is notified that the donor's death has occurred. At this time, funds will be withdrawn and paid to the transport service contracted by Loma Linda University. If a donor prepays and later decides to withdraw his or her body donation, the money will be fully refunded.
- 8. Two or more years are often required to complete the study of a body which has been bequeathed to the Bodies for Science Program. Following the completion of our studies, the remains are cremated and the ashes are stored until such time as they are interred in an Anatomy-purchased community burial plot.
- 9. If the donor or the family of a donor wishes the ashes to be buried in another location, a written request must be submitted to the Bodies for Science program. All alternative burial arrangements, related expenses and the maintenance of contact information shall be the responsibility of the surviving family or other responsible party. The donor program will provide a standard urn and permit for burial at no additional cost. Under no circumstances will un-cremated remains and/or any implanted medical devices left in the body at the time of death be returned to the donor's family or next-of-kin.
- This brochure should be shown to your next-ofkin to make certain that the donor's wishes are clearly understood.
- 11. If any kind of service is to be held, the family must, of course, pay the expenses incurred. A funeral service is one held in the presence of the body, while a memorial service is one held after the body has been removed. The University requires receipt of a body within 12 hours after death, without embalming. Hence, if a service is desired, a memorial service is the only option.

- 12. It is further understood that neither Loma Linda University nor its authorized representative is responsible for newspaper announcements of death, nor for the custody of any personal legal documents. However, the Bodies for Science Program is happy to provide confirmation to any newspaper of the receipt of a donor.
- 13. Under the Health Insurance Portability and Accountability Act (HIPAA), information in the patient's medical record is considered protected health information. Occasionally, the Bodies for Science Program may need to review a donor's medical records after death. In order for the Bodies for Science Program to request and review the donor's medical records, authorization must be given. Authorization for the release of donor medical records after death is strictly **voluntary** and is not required for enrollment in the Bodies for Science Program. If the donor wishes to authorize the release of medical records after death, an authorization form is provided on page 5 for this purpose. If the donor does not wish to authorize the release of medical records after death, check NO on the form on page 5 and submit the form with the application. The other application forms on pages 6-8 must still be filled out completely and submitted for acceptance.
- 14. Loma Linda University may need to update or revise these terms and conditions due to changed circumstances (or changes in the law). Accordingly, the University reserves the right to update or modify the terms and conditions of the Bodies for Science Program at any time.

Loma Linda University is a coeducational institution providing a varied and rich experience for the teaching of arts and sciences, health professions and allied health. It is part of a worldwide network of hospitals and other health care units operated by the Seventh-day Adventist Church, which reaches into more than 77 countries and employs thousands of workers in caring for more than 400 million people annually.

The founders of Loma Linda University established it as a Christian institutuion desgined to witness for God through comprehensive ministry to men and women. They had little money but a fortune in faith –

faith in God, faith in His ability to bring relief and hope through the cooperation of human effort and divine power.

The University endeavors to create and provide for students an environment conducive to the integration of sound moral, ethical and religious principles in harmony with Christian teachings, the motivation of persistent and continuing intellectual curiosity, and the diligent preparation for professional competence and purposeful living in the service of God and humanity.

After Christ – The Great Physician's example, the University in harmony with the ideals of its pioneers, has chosen as a motto "To Make Man Whole" physicially, mentally and spiritually. The University's Christian philosophy is that the human body is the Temple of God (1 Corinthians 6:19).

Please keep pages 1-4 of this booklet for your records.

Complete and return the remainder of this packet to the Bodies for Science Program at:

24760 Stewart Street Loma Linda, CA 92350

HIPAA Release

Authorization for Disclosure of Protected Health Information

Authorization is **not required** for enrollment in the Bodies for Science Program.

Please check one of the following:
YES, my medical records may be requested/reviewed after my death. I have completed the authorization section below.
NO, I do not want my medical records to be requested/reviewed. (This form must still be submitted with the application.)
I hereby authorize my physician of record to release to the Bodies for Science Program (after death) the entire medical record or those portions thereof as determined necessary by the Bodies for Science Program.
I understand that the medical record may be used or disclosed to employees of the Bodies for Science Program and to faculty, staff and those directly involved in the furtherance of education for the schools of medicine, dentistry and the allied health professions.
I understand that the medical record will not be used or disclosed for purposes outside the intent and scope of the LLU Bodies for Science Program.
Unless I submit a request to revoke the authorization in writing, this authorization will expire after the study of the body is completed.
Please initial all of the following:
I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Bodies for Science Program and to the appropriate office providing the medical record. The revocation will take effect upon receipt. I understand that the revocation will not apply to information that has already been released in response to this authorization.
I understand that signing this form is volunary and is not requried for enrollment in the Bodies for Science Program.
I understand that any disclosures made within the intent and scope of the LLU Bodies for Science Program carries with it the protential for unauthorized re-disclosure by the recipient and the informa- tion may not be protected by federal confidentiality rules.
Signature of Donor (or legal representative) Date
Date
Relationship to Donor
Signature of Witness Date

Medical History

Please fill out **completely**. All of the information is **required**.

Have you ever had:		Problems with	
Emphysema	Diabetes	Heart	
Tuberculosis	Hernia (rupture)	Urinary	
High blood pressure	Hepatitis B	Stomach	
Hysterectomy	Hepatitis C	Bowel	
Have you ever had c	ancer:		
Yes If yes	what type:		
No			
Current height:/_Feet	Inches	Current weight:	Pounds
Please list a brief de	scription of any seriou	ıs diseases or injuries	you have had.
Primary physician's name: _		Phone number:	
Legal next-of-kin or	power of attorney for	health care:	
Name:		Relationship:	
Street address:			
Mailing address:			
(if different than street address) Phone number:	Fm	nail:	

Bequeath Agreement

Print Full Name						
desire to donate my body after death to the School of Medicine of Loma Linda University for teaching purposes, scientific research, or for such purposes as the authorized representatives of Loma Linda University shall in their sole discretion deem necessary. As part of this desire, I direct that immediately following my death , notification shall be made by phone to the Bodies for Science Program telephone (909) 558-4301. After hours and on weekends, an answering service will notify the transportation company.						
I have read and agree to the Conditions of Acceptance s	set forth in this document.					
I authorize Loma Linda University to cremate the remain waive the provisions of California Health and Safety Cod cremated remains to certain individuals.	·					
I understand the Bodies for Science Program will not ac autopsied, is a suicide, has a communicable disease (HI's sive weight according to weight/height ratios.	·					
It is further understood that a charge of \$300.00 is mad payable by the donor to the Bodies for Science Program the body. If the distance is greater than 100 miles, an ac	, who will make arrangements for transportation of					
Signature of Donor	Date					
Signature of Witness 1	Signature of Witness 2 (disinterested)					
Print Name	Print Name					
Address	Address					
City	City					
State/Zip Code	State/Zip Code					

Personal Record

Please fill out **completely**. All of the information is **required**.

Name:(Las	t) (First)	(Midd	e)	(Maiden)
Sex:	SSN:	Date of Birth:	/ Month	/ Day Year
Citizenship:		Birth S	tate:or co	ountry if not in the U.S.
Marital Status:		Race:		,
Married	Divorced	Caucasian/White		Hispanic
Never married	State registered	African America	n	Origin
Widowed	domestic partner (SRDP)	Otherplease s		Asian Origin
Street address:				
Mailing address: (if different than street	address)			
County:	(not country)	Number of years	residing in this	s county:
Phone number:		Email:		
Full name of spous	e:(First)	(Middle)	(Last)	(Maiden)
Full name of vour father:			_ Birth State:	
(Firs		(Last)		or country if not in the U.S
your mother:	First) (Middle)	(Last/Maiden)	Birth State:	or country if not in the U.S
Primary career occu	upation:please do	not list "retired"	Length of tir	me:in years
Name of employer:		Туре	of Industry:	
Highest level of edu	ucation completed:		_ Degree:	
Veteran: Yes	☐ No Service Numb	oer:		
Dates of service (ye	ears):	Branch: _		
If you are a veteran	, would you like a free interr	nment (for you and your	spouse) in a N	National Cemetary?
Yes	No	8		



The Bodies for Science Program at Loma Linda University is administered through the Division of Human Anatomy at Loma Linda University School of Medicine.

LLUSM has educated more than 11,000 physicians since 1909, more than any other medical school on the West Coast. LLU graduates in medicine, dentistry, nursing and the allied health professions strive to improve patient health through whole person care all over the world. Their education would not be possible without the Bodies for Science Program.

Contact information:

(909) 558-4301

bodiesforscience@llu.edu

Thank you for your interest in the Bodies for Science Program at Loma Linda University.